

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

Inc. Town of

City of # 3

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

6987

Registration District No. 2102 Registered No. 16

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

WILLIAMS If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 21 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME JOHN HENRY WILLIAMS

(9) PRESENT POSTOFFICE OF FATHER Georgetown S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE Williamsburg Co - S. C.

(13) OCCUPATION Clerk -

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE OLIVIA MABEL LOWRIMORE

(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE Georgetown Co - S. C.

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 130 P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) Wm. Gaillard - M. D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown - S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1923 (28) Wm. Gaillard Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.